Summer Camps for 4 - 6 year olds

All camps are led by our fantastic West Linn Parks and Recreation Summer Staff!

Westlinnoregon.gov/parksrec 503-557-4700

SHORTY SPORTY CAMPS These mini-camps are designed as an introduction to different sports activities, fun, exercise and learning are emphasized for encouraging the development of new skills in a non-competitive



	FEE: IC \$54 / OC \$59 All Camp	os Mon-Fri 9 am–12 pm	
<u>Dates</u>	<u>Activity</u>	<u>Location</u>	Course #
June 26-30	Soccer	Hammerle Park	6420.301
July 5-7	Multisport	Tanner Creek Park \$33/\$38	6421.301
July 10-14	Baseball/Softball	Robinwood Park	6422.301
July 17-21	Basketball	Tanner Creek Park	6423.301
July 24-28	Multi Sport	Robinwood Park	6424.301
July 31-Aug. 4	Baseball/Softball	Hammerle Park	6425.301
Aug. 7-11	Basketball	Robinwood Park	6426.301
Aug. 14-18	Multisport	Tanner Creek Park	6427.301
Aug. 21-25	Soccer	Tanner Creek Park	6428.301

MINI CAMPERS This "mini" version of Fun in the Sun Camp is offered Monday through Friday, half-days, and is based on the traditional day camp model where youngsters play and interact outdoors with other children their age. Our activities are designed to enhance the physical, social, and emotional well being of the child. Activities are related to a weekly theme and include: basic sports, games, arts & crafts, stories and special visitors. Please

	FEE: IC \$54 / OC \$59	All Camps Mon-Fri	12	:30- 3:30 pm
<u>Dates</u>	<u>Theme</u>	Location		Course #
June 26-30	Fairy Tale Adventures	Hammerle Park		6429.301
July 5-8	Superheroes!	Tanner Creek Park	\$33/\$38	6430.301
July 11-15	Food Fun	Robinwood Park		6431.301
July 18-22	Disney Magic	Tanner Creek Park		6432.301
July 25-29	Messy Art	Robinwood Park		6433.301
Aug. 1-5	Wide World of Sports	Hammerle Park		6434.301
Aug. 8-12	Knights & Princesses	Robinwood Park		6435.301
Aug. 15-19	Aloha Summer	Tanner Creek Park		6436.301
Aug. 22-26	Out of This World	Tanner Creek Park		6437.301





New All Day Option-Stay and Play During a Supervised Lunch FEE: IC \$108 / OC \$113

6/26-6/30 6438.301 7/10-7/14 6340.301 7/24-7/28 6342.301 8/7-8/11 6444.301 8/21-8/25 6446.301 7/5-7/7 \$66/\$71 6339.301 7/17-7/21 6341.301 7/31-8/3 6343.301 8/14-8/18 6445.301

ACTIVITY REGISTRATION FORM CITY OF WEST LINN REGISTER ONLINE AT www.westlinnparksandrec.com

For Staff use only		
WAIVER In participating in Recreation Programs, sponsored by The City of West Linn, I hereby acknowledge that I understand that there are risks of accidents resulting in bodily harm to me arising out of those activities. I understand that Recreation activities are planned with the safety of the participants in mind. I further acknowledge that I have the physical capacity reasonably necessary to engage in Recreation activity for which I have enrolled. In case of emergency, accident or illness, I give my permission to be treated by a professional medical person and admitted to a hospital if necessary. I agree to be the party responsible for all medical expenses which are incurred in my behalf. It is understood and agreed that the City, its Mayor, City Council, Boards, employees, volunteers and agents shall be held harmless against all claims, damages, loss or expenses including attorney's fees arising out of or resulting from my participation in recreation programs. I agree pictures taken may be used for future promotions. **I have read the above waiver and understand the contents**	WAIVER The City of West Linn, I hereby a vities. I understand that Recreation spacity reasonably necessary to enough the treated by a professional nuch are incurred in my behalf. It held harmless against all claims, programs. I agree pictures taken if the contents**	WAIVER In participating in Recreation Programs, sponsored by The City of West Linn, I hereby acknowledge that I understand that resulting in bodily harm to me arising out of those activities. I understand that Recreation activities are planned with the samind. I further acknowledge that I have the physical capacity reasonably necessary to engage in Recreation activity for who of emergency, accident or illness, I give my permission to be treated by a professional medical person and admitted to a hot be the party responsible for all medical expenses which are incurred in my behalf. It is understood and agreed that the cil, Boards, employees, volunteers and agents shall be held harmless against all claims, damages, loss or expenses including out of or resulting from my participation in recreation programs. I agree pictures taken may be used for future promotions **I have read the above waiver and understand the contents**
roval Code	Cardholder Signature Office Use Only: Approval Code	503.656.4106 Fax
	Carholder Name	West Linn, Oregon 97068 503.557.4700
Exp. Date	Charge card #	
\$ Amount to charge	Visa Mastercard	Make Check to: City of West Linn Mail to: City of West Linn
Recreation Scholarship Fund: YES, I would like to contribute \$1.00 \$2.00 \$5.00, or other \$ to the Recreation Scholarship Fund. This fund allows children from West Linn to attend recreation programs in our City who otherwise may not be able to participate. Please include this with your payment. Thank you for your donation.	ould like to contribute \$1.00 allows children from West Lipate. Please include this with	Recreation Scholarship Fund: YES, I would like to contribute \$1.00 \$2.00 \$5.00, or other \$ Recreation Scholarship Fund. This fund allows children from West Linn to attend recreation program who otherwise may not be able to participate. Please include this with your payment. Thank you for
TOTAL Amount Due \$		
S		
	YES NO START DATE/TIME	CITY OF WEST LINN RESIDENT? CLASS# ACTIVITY TITLE
ITON IN ORDER TO	JIRE AN ACCOMMODAI	IF YOU HAVE A DISABILITY AND REQUIRE AN ACCOMMODATION IN ORDER TO PARTICIPATE, PLEASE EXPLAIN HERE
		ANY MEDICAL CONDITION, ETC.
PHONE		EMERGENCY CONTACT
	E-MAIL	PHONE NUMBER
YZIP	CITY	ADDRESS
SCHOOL_	DOB	PARENT/GUARDIAN NAME
DOB GRADE	M or F	PARTICIPANT NAME

Signature (Parent or guardian)

Registered in RecNet by

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